MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY e. STATE b. COUNTY 12 T MARYLAND hours after death and b. CITY OR TOWN (if outside corporeta limits. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) filled in by the Pages 1 and write RURAL and giva neerest town) hrs. 20 min. Chestertown Betterton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give straet address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Kent & Queen Anne's Hospital Box 255 YES NO T papers. completely NAME OF Middle 4. DATE Month Day Yeer DECEASED OF (Type or print) DEATH EARK MEDFORD CONKLIN 1967 6 carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. B. DATE OF BIRTH and last birthdey) Male WIDOWED DIVORCED physician IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) done during most of working life, even if retired) U.S.A. Farmer Agriculture Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending George Conklin Killa Bradlev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) [(Ifyesgivewerordatesofservice) - Ma9 Meta M. Conklin, Box 255, Betterton, Md. No INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hepatic Coma day IMMEDIATE CAUSE (e) DUE TO cirrhosis of the liver at least geva risa to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 200 NO IX 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of itam 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stere) factory, street, office bldg., etc.) Not While Hour e.m. at work at work di 21. I certify that (I) (this hospital) attended the deceased from. 6/21, 1961. 6/22 19.61 that (I) (we) last /619 @ saw the deceased alive on., 22b. DATE 16SIGNED 22e. SIGNATURE ATTENDING STAF DIRECTOR PHYS. O HOSPITAL death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert W. Farr.M. D. Chestertown, Maryland 23c. NAME OF CEMETERY OF CREMATORY 23d, LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, EMOVAL (Specify) 0 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

Indicated at a state of the Annual Committee Description of Burney in the state of th Cost II Strait Reclaim Market of Martines and little 111 to 12

ADDRESS

page VS A15 (4) 1SM 9/58

the death certificate be executed

FUNERAL DIRECTOR'S SIGNATURE

JUN 1 4 '61 arthur & thrace

24a. REC'D BY REGISTRAR

e, IS RESIDENCE

Day

10.

Hours

INTERVAL BETWEEN ONSET AND DEATH

??

(County)

24b. REGISTRAR'S SIGNATURE

months.

PERFORMED?

YES NO

(Stote)

DATE SIGNED

(Stote)

ON A FARM? YES NO

Yeor

1961

(200) Jakit, Cased Titrovici dete Joseph Communication of the Co builting or a six Circus of Sales and Control of the Control of th 6 There to annihilation of the property of the state of the and the state of t and a second sec .0.2 (195) 22. Jene Day of the second

+ 8 E	NA	6875 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rog. Dist. No. 06860
shavid I	TAT	1. PLACE OF DEATH a. COUNTY Kent MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Kent MARYLAND C. STATE Maryland b. COUNTY Kent
ruge 4 burial,		b. CITY OR TOWN (If outside carporate limits, write RURAL ond give nearest town) Chestertown Chestertown Chestertown,
y is ner lirector. les.	V	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Chester River (foot of High St.) d. STREET ADDRESS Cannon St. e. IS RESIDENCE ON A FARM? YES \(\) NORK
dela eral d yaur fii egistrar	1	3. NAME OF First Middle Lost 4. DATE Month Day Year OF Jearn June 11 19 61
th. If the timed for the r		5. SEX male 6. COLOR OR RACE 7. MARRIED NEVER MARRIEN B. DATE OF BIRTH Aug. 3, 1946 9. AGE (In years loss) birthday) 14 yes. Months Days Hours Min.
fer deo and 3 be reta		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Student at Garnett School Kent CO. Maryland USA
hours of jes 1, 2, 5 may ages 1 o	T	George H. Graves 14. MOTHER'S MAIDEN NAME Lydia Lively
thin 24 sive Page . Page File page		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT no Mrs. Lydia L. Graves Chestertown, Md.
uted win n 18. C rm PM3 permit.		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Drowning Short
be exect in Item	1	DUE TO Was swimming off pier at foot of High St. in
shauld in penci		gave rise to immediate couse (o), stating the underlying couse lost. Out to Removed from water approximately 15 mins. later. Efform the underlying to at resuscitation by Kent Rescue Squad failed.
ifficate ding" is s Office	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO X
: This cert rard "pen Examiner" rauld be u		20a. EXTERNAL CAUSE WAS PRIMARY AT OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
The wardical Es	14	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. Hour marm. 6/11 19 61 work at work RIVER RIVER Chestertown Kent Md.
Mriting Thief Me OR: Pog		21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident, Suicide , Homicide , Undetermined cause .
MEDINAL INTERIOR	^	ACTUAL SIGNATURE OF M.D. CHIEF MEDICAL EXAMINER (
cute the car farwarded I	2	EXAMINER'S NAME (Type) Robert W. Farr DEPUTY MEDICAL EXAMINER June 12, 1961
cute farw or or o		Burial Cremation, REMOVAL (Specify) Burial 22b. Date Thereof 22c. NAME OF CEMETERY OR CREMATORY Burial 22b. Date Thereof (Stote) Chestertown, or county) Chestertown, Md.
VS. A15ME(5) 5M 9/55	B	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chestertown, Md. 240. REC'D BY REGISTRAR'S SIGNATURE DATE DATE
	1	Corthag S. Malid

ma cold shall be good by the Table and make her wife the state of the s The Danger of the best being the second of the country of the coun . De List Branch adagen Blank of meliniformatic in the Name a hand of variet in make of . Il west on its myth growing the contract to its t And the second of the second o

6876 1 PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06861

	1. PLACE OF DEATH o. COUNTY	Kent		MARYLAND	2. USUAL RESIDENCE (Va. STATE Maryl	Where deceased live	d. If institutions b. COUNTY	Residence befo	re admissi	on)	
	b. CITY OR TOWN RURAL and give Chester to			hrs.45 min.	XStill Po		limits, write RUR	AL and give ne	orest town)	
	d. NAME OF HOSP OR INSTITUTION Kent & Que	en Anne's H	ospital	55)	d. STREET ADDRESS					DENCE FARM? NO	
-	3. NAME OF DECEASED (Type or print)	Albe	rst rt	Middle Vincent	Harcourt	4. DATE OF DEATH	Month 6	De 4	-,	961	
)	s. sex Male	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH 11/27/94	9. A		Months Doys	Hours	R 24 HRS. Min.	
	Production 13. FATHER'S NAME	rking life, even if retired	Prin		Marylan 14. Mother's Mairy Marylan Marylan	d	γ)	U.S		OUNTRY?	
	1S. WAS DECEASED EVENTON NO. OF UNKnown!	/ER IN U. S. ARMED FOI (If yes, give wor or dates of		03 7100	stelle McD.		Address (wife)_5	still_P	ond.	Md.	
	Conditions, if gave rise to cause (a), statin lying cause las	PART I. DEATH WAS CAUSED BY: MANAGEMENT CAUSE (a) Ore or all language Adding a divergence									
REDICAL CERTIFICATION	20c. TIME OF INJU	YES NO YE									
	saw the dece 22a. SIGNATURE 22c. PHYSICIAN'S	21. 1 certify that (1) (this haspital) ottended the deceased from June 3 , 1961 to June 4 , 1961, that (1) We) lost saw the deceased alive on June 4 , 1961, and that deoth accurred at 7 PM, from the causes and an the date stated obave. 22a. SIGNATURE ATTENDING ATTENDING ATTENDING DIRECTOR STAFF PHYS. 6 - 5-6 SIGNED									
	230. BURIAL, CREMAT REMOVAL (Special 24. FUNERAL DIRECTO	6-8-6	OF 23c	NAME OF CEMETERY C Loudon ADDRESS	forthe con.	Sal C'D BY REGISTRAR		county))2 RAR'S SIGNATU		e)	

TO HOSPITAL OF VR ATS (4) 15M 9/59

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delight of the ground are 22 - - - V 1 - - 2 - V a production of the production of the second and the control of the control of the control of

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE MARYLAND Lucen b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM?) ent DATE OF DECEASED 19 6 (Typa or print) DEATH IF UNDER 24 HRS. 5. SEX 6. COLOR OR 9. AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lest birthdey) Months remale WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give and of work 106. KIND OF BUSINESS OR INDUSTRY 11! BIRTHPLACE (County & State, or foreign country) done during mat af working life, even if retired) Various mer. 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARMED 10 (Yes, no, or unkown) (Ifyesgivewerordelesofservice) 219-36-2407 Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ARREST ARDIAC PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUF TO (a), steting the underlying couse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? OBSTRUCTION - POSTOPERATIVE FROM NO 20a. ACCIDENT WAS UNDERLYING [| 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I of item IB.) OR CONTRIBUTING CAUSE OF DEATH (Stete) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) Whila Not While at work Hour a.m., 19.6 (, that (I) (we) last P.M. from the causes and on the date stated above. saw the deceased alive fon. June 10, 19 64 1 22a. SIGNATURE STAFF ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S UESTERTOWN, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF Earl Chapel Cem. Md. near Centreville 6/12/61 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERA DIRECTOR'S SIGNATURE Chestertown, Md. DATE JUN 1 3 '61 arthur S. Krous

funeral

by the land 2 sideath.

iely filled in by tars. Pages 1 and hours after deal

carbon papers. nt. within 72 hou and completely

physician a

remove

please

After this certificate has been signed by the attending stached for use as the burial-transit permit. Then pleas

35

detached for of Health

DIRECTOR: A

death. Page 4

TO FUNERAL I
director, page 3
be filed with the

VR A15 (4)

15M 9/80

Prior

attending physician.

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removal,

177 All the state of t The Carlotte of Display Congression Congression Constitute and and the Court test of the control of Farmanti Wolley Encirtain, in. with with the

PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S CERTIFICATE OF I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss on) l director. Page for your files. oard of Health, e. COUNTY b. COUNTY Kent Maryland Kent MARYLAND b. CIY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN Iff outside corporete limits, write RURAL and give nearest town? for your Rural Chestertown lifetime rural Chestertown, Md Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? refained he Stafe B Kent & Oueen Anne Hosp/ RFD Georgetown (DOA) YES NO KIN 3. NAME OF Middle 4. DATE Month DECEASED to the Oliver R. Henry DEATH Jun. 18, 1961 (Type or print) 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 2 with and 2 w 68 yrs and male Col. Aug. WIDOWED [DIVORCED hours after Pages 1, 2, an , 10b. KIND OF BUSINESS OR INDUSTRY , 11. BIRTHPLACE (Stelle or foreign country) 10e, JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? Page Is dona during most of working I fa, aven if ratired) USA in Item 18, Give Pages ong with form PM3, Pa School Bus Driver (ret.) & Various Kent CO. Maryland wathin pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georganna Rasin George Henry be executed within IS WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give war or detas of sarvice Octavia Henry RFD Chestertown, Md. MES. no 18. CAUSE OF DEATH [Entar only one cause per line for (e), (b), and (c) NTERVAL BETWEEN arensit p SHOTE PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Probable coronary thrombosis in pencil Office **DUE TO** Conditions, if any, which (b) gava risa to immediata cause **DUE TO** (a), stating the undarlying Examiner 93 causa last. cremation, PART II, OTHER S.GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:01, 19, WAS AUTOPSY PERFORMEDE Certificate, writing the word rded to the Chief Medical E. ECTOM Page is should be NO 20b. DESCRIBE HOW .NJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. age I 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or lown) Month, Dey Yeer (County) While Not While factory, street, office bldg., atc.) House a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion please execute the Certific 4 should be forwarded to FUNERAL EIRECTC forwarded to death resulted from: Natural causes Accident Suic de Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE June 19, 1961 DEPUTY DEPUTY MEDICAL EXAMINER TXX EXAMINER'S Robert W. Farr NAME (Typa) Addrass (Streat, c'ty, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Chestertown, Md. Georgetown Cem. 4 1 Buria 24a. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS. ATSMEC Chestertown, Md. DATE JUN 2 3 '61 Circles & Krown

MARYLAND STATE DEPARTMENT OF HEALTH



Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Year

19

(State)

225. DATE SIGNED

(Stote)

25b. REGISTRAR'S SIGNATURE

Cirching & Traces

25g, REC'D BY REGISTRAR

DATE JUN 9

0 VR A15 (4) 15M 9/59

FUNERAL DIRECTOR'S SIGNATURE

06865

e. IS RESIDENCE

ON A FARM?

YES NOW

Year

19

INTERVAL BETWEEN ONSET AND DEATH

days

PERFORMED? YES NO KX

(State)

5 GNED

(State)

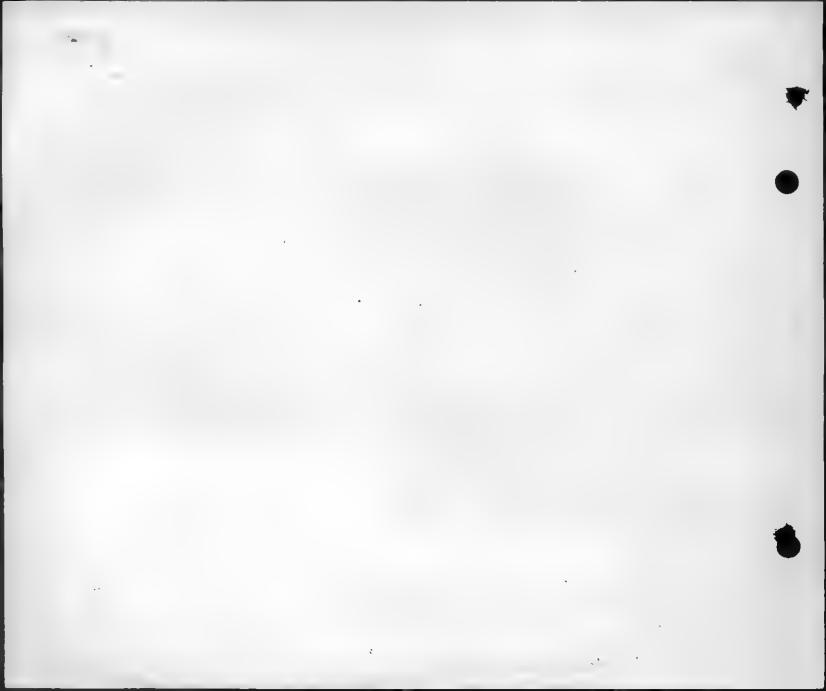
Chillian & Kinnes

Kent

USA

VR A15 (4)

15M 9/59



81	CERTIFICATE	OF DEATH

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22820

0	<u>ool</u>				L OI DEA			Reg. Dist	l. No. 🔍	10000
1 PLACE OF DEATH o. COUNTY				2.	USUAL RESIDENCE (Where deceas			e befare ad	mission)
Ker	it		MARYLA	ND	Md.		b. COUNTY	Cecil	v	
b CITY OR TOWN (i RURAL and give no	f autside carporote lim	its, write	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If outside carp	orate limits, write R	URAL ond g	ive negrest t	lawn)
Rural Kenne					Cecilton					
d. NAME OF HOSPIT	AL (If not in hospital,	give street	address)		d. STREET ADDRESS		0.7			RESIDENCE N A FARM?
Home							X	/ X		□ NO 🗖
3 NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Mar	ith	Day	Year
(Type or print)	Ruth		E.		Price	DEAT	June		7,	19 61
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. 0	ATE OF BIRTH		9. AGE (In years lost birthday)		YEAR IF U	NDER 24 HRS
Female	White	WIDOW			rch 26,189		lost birthdoy) 67 yrs	I MOITING (Days nat	DLZ WILL
10a USUAL OCCUPATION during most of war	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Sto	nte or foreign	country)	12. CITIZ	EN OF WHA	AT COUNTRY?
Housewife			Home		Md.			U.S	.A.	
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Charles Lor					Emma Taylo	or				
15 WAS DECEASED EVE Yes, no. or unknown	R IN U. S. ARMED FOI It yes, give wor or dates of:		SOCIAL SECURITY NO.	INFC	RMANT		Add	ress		
No		P	lone	Rath	mell Price		Cecil	ton, 1	Md.	
	•	ause per li	ne for (a), (b) and (c).]							ND DEATH
PART I. DEA	TH WAS CAUSED BY. IMMEDIATE CAUSE (c	P. P	ulmonary emb	olis	ii					min
157	DUE TO		13							
Conditions, if a		, F	r-advanced	Ca o	f head of	pancre	as with m	etaste	вов	l year
gove rise to i		>								
lying cause last.		:)	· · · · · · · · · · · · · · · · · · ·							
PART II OTH			CONTRIBUTING TO DEATH						1(o) 19 W.	AS AUTOPSY REORMED?
		deth	mollitus for e avove dias	nosi	S SIX Mont	he ber	ore death	•	YES	□ NO)□
E 20a. ACC DENT WA	CAUSE OF DEATH	20b DES	CRIBE HOW INJURY OCC	URRED (inter nature of injury	in Part Lor Pa	ort II of item 18.)			
	MEDICAL EXAMINER)									
20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d, I While	NJURY OCCURRED 20	le PLACE factory	OF INJURY (Home, for, street, affice bldg.,	orm, 20f (Ci etc.) !	ty or town)	(C	ounty)	(State)
P. m.	19	at war								
21. I certify th	at I attended the	deceas	ed fram Feb		<u>, 19.60</u> , ta_	June 7	1961 19	that I las	t saw the	e deceased
alive an Ju	ne 7,1961	, 12_	, and that d	eath a	curred at # : 30	A. M. fram	the causes an	d an the	date sta	ted abave.
1	11	11	21. //	-		ADDRESS (Street, city or town,	state)		DATE SIGNED
ACTUAL EGHATUM	ralloce	_0	nenchou	M.D	·				5	June (
PHYSICIAN'S										
	allace One	nehai	n M.D.		Cocil	ton, Md				
22a BURIAL, CREMATIO REMOVAL (Specify)		OF .	22c. NAME OF CEMETE	RY OR C	REMATORY		ATION (City, tawn,	* *		State)
Burial	June, 10,	1961	Johntown Co	emete	ery	Earl	leville, F			Md.
23. FUNERAL DIRECTOR	S SIGNATORE		CADDRESS /	1	m / 24a. RI	C'D BY REGIS		STRAR'S SIG		
- / / /	1 071 - 81 81		# 3/1. // //		A # 1/1		4 / / -	1 0 6		

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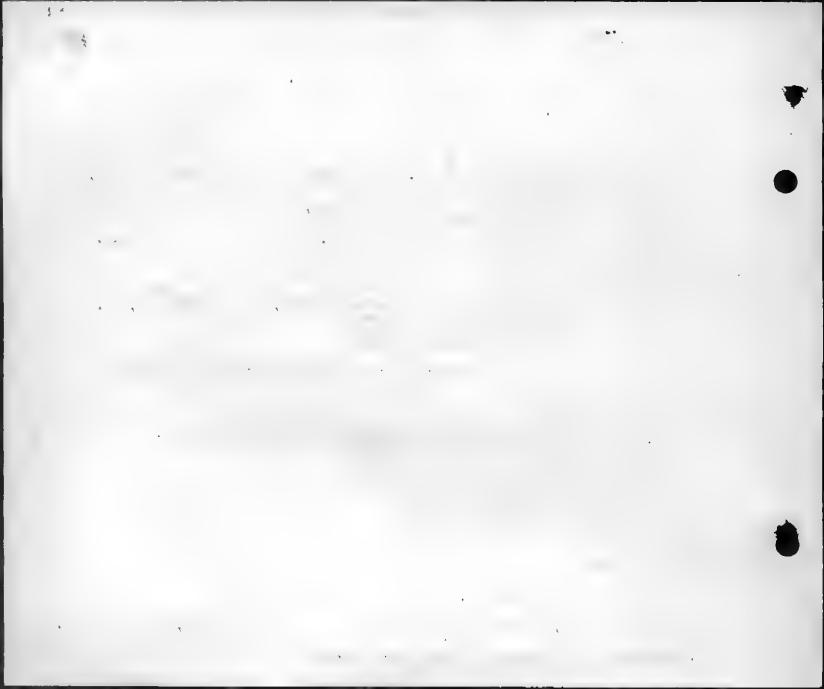
Filled in by the funeral director, ges I and 2 should be filed with Pages 1

may be retained in spital ar attending physician

TO FUNERAL DIRECTOR. There this certificate has been signed by the otherwing plysician and campletely page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Page the registrar prior to buriol, crematian, ar remayal, and in any event within 72 hours after death. IIG PHYSICIAN: The law requires that the death certificate be executed wit

TO HOSPITAL OR

VS A15 (4) 15M 9/58



permit. signed physician peen certificate

lying couse lost.

20c. TIME OF INJURY

p. m

Hour o. m.

ACTUAL

SIGNATURE PHYSICIAN'S NAME (Type BURIAL CREMATION

MEDICAL

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

June

Doy, Year

22

TO FUNERAL DIRECTOR page 3 shavid be detail prior

VS A1S (4) 15M 9/58

CARDIAL DECOMPENSATION OCARDIAL INFARCTIONS 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE PERFORMED? been under CARE OF R.J. BISHOFF, DOVER YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not while of work of work 21. I certify that I attended the deceased fram ___ 19___that I last saw the deceased and that death occurred at 3.32 A.M. from the causes and an the date stated above. DATE SIGNED 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stote) Chester Chestertown, Maryland ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Church H47 DATE

Reg. Dist. No.

Kent

Doy

IF UNDER 1 YEAR IF UNDER 24 HRS

TISA

12. CITIZEN OF WHAT COUNTRY?

INTERVAL SETWEEN ONSET AND DEATH

20

Months

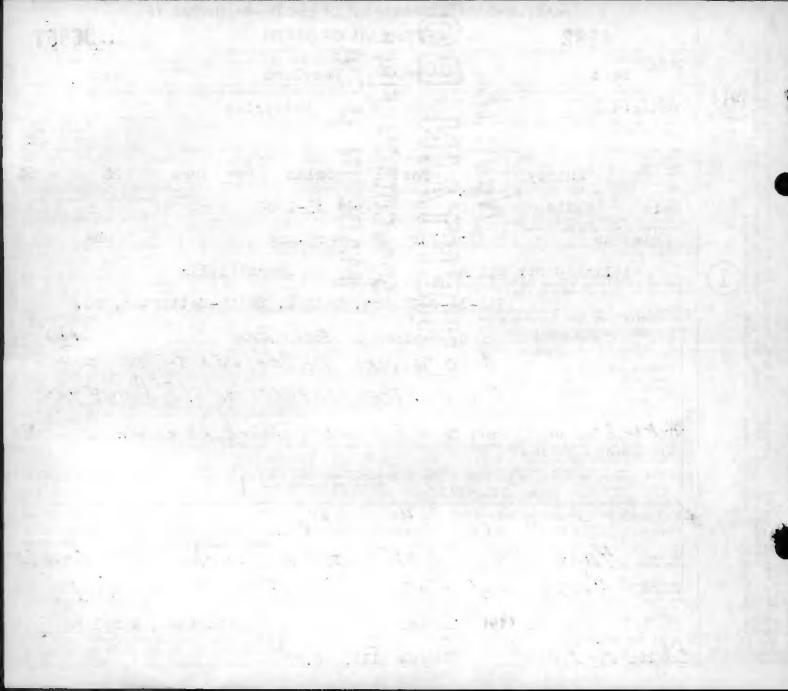
e. IS RESIDENCE

ON A FARM?

YES NO N

Yeor

19 61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
6883 CERTIFICATE OF DEATH
6886 06868

a, COUNTY	2. USUAL RESIDEN	CE (Where decease	d lived, If i		denca before a	dmission)
Kent MARYLAND	Mary]	and	B. COUR	Ker	nt	
CITY OR TOWN (if outside corporata limits, write RURAL and give nearest lown)	c. CITY OR TOWN		limits, write	RURAL and give	ve nearest fow	n)
Chestertown 39 days	Chest	ertown				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				ON	SIDENCE A FARM?
Kent & Queen Anne's Hospital	220	Calvert S	St.		YES _	NO 1
3. NAME OF First Middle DECEASED	Lest	4. DATE	Month	D	ay Year	
(Type or print) Rosa Long	Taylor	OF DEATH	June	18	3 19	61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH			IF UNDER 1 YEA		
Female Negro WIDOWED TO DIVORCED	10/23/07	53	birthday} } yrs.	Months Day	s Hours	Min.
106. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreig	n country)	12. CITIZEN	OF WHAT C	OUNTRY
School Teacher Public Schools	Month (Carolina		1	J.S.	
3. FATHER'S NAME	14. MOTHER'S MAIDEN				,,,,	
Hometon Tong	Tultio	Bennenham				
Hampton Long 5. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		Detitietition	Address			-
(Yes, no, or unkown) (Ifyesgive war or dates of service)						
No 262-52-3665	Rosa L. Tayl	lor, patie	ent		45 PHILIPPINAL & 2	A. APPAI
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	- 1				ONSET AND	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcia consale	nu			3 7	to 6 mic	relle
15 24						
DUE TO CO. T. 11.	× 24 1	Quant on Ma	/	1011		
Conditions, if any, which \ (b) Carcinally	east may 1	960 + m	arch	1961-		
	east may 1	960 + M	arch	1961-		
Conditions, if any, which gava rise to immediate cause	east may 1	960 + m	arch	1961		
Conditions, if any, which gava rise to immediate cause (a), stating the underlying cause last. (b) Carcuma fur Conditions, if any, which gava rise to immediate cause (b) (c)	/					
Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause last. (b) Carcuma flux DUE TO (c)	/				PERFO	UTOPSY RMED?
Conditions, if any, which geva rise to immediate cause (a), stating the underlying cause last. (b) Carcuma flux DUE TO (c)	OT RELATED TO THE TERMI	nal disease cond	DITION GIV		PERFO	RMED?
Conditions, if any, which gava rise to immediate cause (a), stating the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMI	NAL DISEASE COND	om 18.)	EN IN PART 1(a)	YES T	RMED?
Conditions, if any, which gava rise to immediate cause (a), stating the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMI	NAL DISEASE COND Part I or Part II of its	om 18.)		YES T	RMED?
Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OT RELATED TO THE TERMI CENTER NATURE OF INJURY (Home, fan	NAL DISEASE COND Part I or Part II of its	om 18.)	EN IN PART 1(a)	YES T	RMED?
Conditions, if any, which geva rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO OP CONTRIBUTING CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO OPEN CAUSE OF DEATH CONTRIBUTIONS CONTRIB	OT RELATED TO THE TERMI CENTER nature of injury in CE OF INJURY (Home, farlory, street, office bldg., etc.)	Part I or Part II of ite	om 18.) wn)	EN IN PART I(a,	YES T	RMED? NO (State)
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TO HOSPITAL
FIRMDING PHYSICIAN: The law requires that the death certificate by couled within 24 mours at death. Page 4

S A TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician and completely filled in by the fune attending physician.

S Defined with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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